

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
DEBT COLLECTION AGENCY
LICENSE APPLICATION

Phone: 914-377-3000
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. If applicant is a member of a partnership or sole proprietor of the business and it is located within the County of Westchester, a copy of the Business Certificate obtained from the County Clerk (995-2000) of Westchester County must be provided. If applicant is a corporation, copy of Certificate of Incorporation or filing receipt must be submitted.
3. Application must be submitted with a copy of the New York State Certificate of Authority for Sales Tax. If you do not have this certificate you should call the Department of Taxation & Finance at (914) 933-2204.
4. Make certified checks/money orders payable to the City of Yonkers.

LICENSING FEES AND EXPIRATION DATE

\$150.00/term
License expires May 31st, following date of issuance.

INFORMATION FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS

NAME	ADDRESS	SOCIAL SECURITY #	PHONE #

License #: _____ Date Issued: _____

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name:	Social Security #:	
Address:		
City:	State:	Zip:
Home Phone #:	Cell #:	
Email:		
Date of Birth:	Sex:	
Are you a citizen of the United States?		
If not, please provide a copy of your INS A Card and #:		
Name of Business (if incorporation, please state):		
Address:		
City:	State:	Zip:
Telephone #:		
Email:		
Is property owned or leased by applicant?		
If leased, please give name and address of owner(s):		
Has applicant ever had a previous license?		
If yes, what type of license?		

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true.

Signature/Date: _____ Print name: _____

Notary Public

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director